

PHILIPPINE TUBERCULOSIS INITIATIVES
FOR THE PRIVATE SECTOR

ELEVENTH QUARTERLY REPORT

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ACRONYMS

AFB	Acid Fast Bacilli
APMC	Association of Philippine Medical Colleges
ASI	American Standard Incorporated
BFAD	Bureau of Food and Drugs
CADPI	Central Azucarera Don Pedro, Inc.
CDC	Centers for Disease Control and Prevention
CHD	Center for Health Development
CME	Continuing Medical Education
CMS	Commercial Market Strategies
COE	Center of Excellence
CSR	Corporate Social Responsibility
CUP	Comprehensive and Unified Policy for TB Control
DLSU	De la Salle University
DOH	Department of Health
DOLE	Department of Labor and Employment
DOTS	Directly Observed Treatment, Short Course
DSAP	Drugstores Association of the Philippines
FACE	Foundation for the Advancement of Clinical Epidemiology, Inc.
FDC	Fixed-Dose Combination
GDF	Global Drug Facility
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HMO	Health Maintenance Organization
HPDPB	Health Policy Development and Planning Bureau
HSRA	Health Sector Reform Agenda
ICS	Integrated Communication Strategy
IEC	Information, Education, Communication
IR	Inception Report
IUATLD	International Union Against Tuberculosis and Lung Disease
JICA	Japan International Cooperation Agency
KAGABAY	Kabataan Gabay ng Bayan
KAP	Knowledge, Attitude, Practice
LEAD	Local Enhancement and Development for Health project
LGU	Local Government Unit
MDH	Manila Doctors Hospital
MHO	Municipal Health Office
MMLDC	Manuel M. Lopez Development Center
MOA	Memorandum of Agreement
MOP	Manual of Procedures
MOU	Memorandum of Understanding
MTBEA	Master TB Educator Awards
MTBEA2	Master TB Educator Awards (2 nd round)
NGO	Nongovernmental Organization
NTP	National Tuberculosis Program
NTRL	National TB Reference Laboratory

OD	Organizational Development
OR	Operations Research
OSHC	Occupational Health and Safety Commission
PAFP	Philippine Academy of Family Physicians
PAMET	Philippine Association of Medical Technologists
PBSP	Philippine Business for Social Progress
PCCI-Phil	Philippine Chambers of Commerce and Industry
PCCP	Philippine College of Chest Physicians
PCR	Philippine College of Radiology
PDF	Private Drug Facility
PDI	Pharmacy DOTS Initiative
PHIC	Philippine Health Insurance Corporation
PhilCAT	Philippine Coalition Against Tuberculosis
PMP	Performance Monitoring Plan
PPhA	Philippine Pharmaceutical Association
PPMD	Private-Public Mix DOTS
PTSI	Philippine Tuberculosis Society Inc.
RCC	Regional Coordinating Committee
RFA	Rapid Field Appraisal
RGF	Roxas Gargollo Foundation
RITM	Research Institute for Tropical Medicine
SA	Situation Analysis
SDF	Single-Dose Formulation
SPN	Single Practice Network
TBDC	TB Diagnostic Committee

Executive Summary

As Philippine TIPS (Tuberculosis Initiatives for the Private Sector) enters the final quarter of the original contract period, the team, together with USAID and its implementing partners, is focusing on future strategy for private sector participation in TB control and examining the various angles of technical assistance to the sector. During this reporting period, the project has undergone a comprehensive strategic planning exercise, as a result of which a new project framework, strategic goals, and a detailed work plan for the final year of implementation have emerged. In developing the strategy, the team examined lessons learned from previous years, input from project partners and beneficiaries, and their own vision and aspirations for the future of private sector participation in TB control. The new USAID-approved work plan lays out project priorities, targets and deliverables for the coming year, and provides the basis for the extension of the project through September 2006.

Meanwhile, work continued on the existing five components of the project. In policy, we began the groundwork for the advanced implementation of TB policy recommendations through the sector-wide policy framework analysis in coordination with the USAID-funded LEAD project. The Mayor of Quezon City, Feliciano Belmonte, has volunteered his city to be the advance implementation site for TB policy recommendations and instruments. In our efforts to develop mechanisms for uninterrupted drug supply, the team examined several options for the Private Drug Facility, including pooled procurement by private DOTS centers, use of information technology to improve process management and quality control, and mobilization of commercial retailers and distributors. The highlight of our work in the area of TB patients' rights was the upcoming launch of the Department of Labor and Employment Department Order on TB in the work place, for which preparations were made during this quarter.

Philippine TIPS continues implementation of the Pharmacy DOTS initiative (PDI), the Private-Public Mix DOTS (PPMD) model and the TB in the workplace/workforce model. Responding to a change in strategy for PDI, the project has arranged for turnover of PDI operations to local organizations in four out of seven locations. The remaining three sites – Iloilo, Cebu and Cavite – are gearing up for program expansion to 80 percent of all pharmacies in the area. We continued to implement and monitor grants to 20 PPMD units and we are pleased to report that during this quarter, the remaining six uncertified clinics received DOH/PhilCAT's certification. The combined performance of all clinics has already exceeded original project targets, with the number of cases increasing by 43 percent compared to last quarter, combined enrollment in all clinics at 132 percent of project target, and overall success rate at 86 percent. The team has gone through an extensive strategic planning exercise to design performance monitoring and evaluation systems for the second round of grants.

Our operations research team has made further enhancements to the Single Practice Model and has developed test tools and mechanisms that would allow single practice physicians to deliver DOTS to private patients in collaboration with pharmacies, cooperatives, HMOs and laboratories. As we prepare for closeout of Single Practice Network (SPN) activities in August 2005, its tools and instruments are being finalized and tested by potential partners.

In the third year of project implementation, Philippine TIPS is shifting its training strategy towards institutionalizing and sustaining DOTS programs in the medical education. As the vanguard of excellence

and the forum for formulating policy recommendations in the area of medical education, the Association of Philippine Medical Colleges (APMC) is seen as the institution that can best sustain and ensure the continuity of DOTS. During this quarter, Philippine TIPS signed a memorandum of agreement (MOA) with APMC according to which our work on integrating TB DOTS in medical education will be continued beyond the end of the project. In June 2005, the project organized a Students Information, Education and Communication (IEC) Fair for the recipients of our master in TB education awards, which involved roundtable discussions, exhibit, and a contest named Search for Outstanding TB Education Materials. In an effort to expand DOTS integration beyond the medical schools, the project engaged a team of experts from the three allied health professions – nursing, medical technology and pharmacy – to conduct a rapid appraisal of the current curriculum and identify ways in which TB DOTS can be effectively integrated in the allied health disciplines.

In communications, we continued to focus our technical assistance on building social marketing capacities of the project-supported DOTS clinics, promoting TB DOTS to external audiences locally and internationally, and disseminating project outputs and lessons learned. We have conceptualized an academic detailing kit for DOTS clinics aimed at promoting DOTS to private providers within their catchment areas and encouraging their partnerships with the clinics in managing the cases. We have also produced several video and print materials covering best practices in DOTS in the workplace/workforce, video coverage of the 2005 World TB Day, DOTS center certification instructions, and infomercial on TB DOTS for our PDI partner Mercury Drug Corporation.

The highlight of our promotional support to the DOTS in the workplace/workforce model was the CEO forum of 30 Mindanao business executives from 16 companies organized by Philippine TIPS on April 1, 2005 in Davao City. During the forum, the project publicly acknowledged four pilot companies – Central Azucarera Don Pedro Inc., Toyota Motor Philippines Corporation, American Standard and Aboitiz Transport System Corporation – for their leading role in TB control for employees and neighboring communities.

Finally, in the area of TB financing, Philippine TIPS completed the business planning and financial assessment of the DOTS clinics supported by the project and prepared recommendations for operational and financial sustainability for the second round of grants. During this quarter, we continued the dialogue with the PhilHealth Quality Assurance Research and Policy Division Group in an effort to improve the utilization of the TB outpatient benefits package and enhance the amount of reimbursements. To that end, we plan to gear our technical assistance towards fast-tracking the certification and accreditation of DOTS clinics, expanding PhilHealth membership, and identifying strategies so that PhilHealth beneficiaries become more cognizant and demand coverage of DOTS treatment.

This quarterly report presents the brief description of the Philippine TIPS project and overview of general approach and strategy to date, followed by the detailed account of project accomplishments for each individual task.

SECTION I

Project Description

Philippine TIPS aims to increase the successful diagnosis and treatment of TB patients through private sector services in selected sites. The project improves and standardizes TB control using a TB diagnosis and treatment control approach known as DOTS – Directly Observed Treatment, Short Course. Currently, the project has six tasks and seven major deliverables. Each deliverable corresponds to a specific task, except for one deliverable (Deliverable A) which requires contributions from all tasks:

Project Tasks and Deliverables

Project Tasks	Major Deliverables
Inputs from all tasks.	Deliverable A: Baseline TB success rate data, and a scale of measurement indicators of achievement of contract objectives.
Task 1: Enabling Environment. Policies, guidelines, and regulations revised and expanded to support appropriate, complementary DOTS implementation by public and private providers.	Deliverable B: A comprehensive packet of policies, guidelines, and regulations developed and instituted at the national and local levels to promote appropriate, complementary implementation of TB DOTS treatment by private providers.
Task 2: Operations Research (OR). Best strategies identified to improve and expand DOTS implementation in the private sector.	Deliverable C: Best strategies identified through OR to improve and expand TB DOTS implementation in the private sector.
Task 3: DOTS Model Development. Private sector models developed, implemented, and assessed.	Deliverable D: Private sector TB DOTS service models implemented in specific areas to demonstrate potential for replication.
Task 4: DOTS Models Replication. Best approaches/models are implemented and adapted in strategic cities and municipalities nationwide with a potential for replication beyond those sites.	Deliverable E: Best TB DOTS approaches/service models implemented in at least 25 service delivery points in strategic cities/large municipalities nationwide.
Task 5: Training, Certification, and Communication. Sustainability of all TB programs strengthened through improved teaching and training in medical schools and improved health-treatment behavior of the private providers.	Deliverable F: Teaching and training of TB DOTS conducted in medical professional schools and behavior change campaigns implemented to improve the health-treatment behavior of private providers.
Task 6: Financing. National health care financing schemes that strengthen private sector delivery of TB service developed and implemented.	Deliverable G: Appropriate guidelines and regulations are developed to promote necessary reimbursement programs among private health groups.

Overview of General Approach and Strategy to Date

In the first year of the project, efforts were focused on groundwork activities, e.g., establishing the policy strategy, organizing policy consultation groups, generating TB visibility in the news media, developing partnerships with DOTS model implementers, preparing assessment tools for existing models, and designing new DOTS models in private sector settings.

Recognizing the primacy of the overall objective of achieving an 85 percent success rate in the private sector TB treatment using DOTS in project sites, the centerpiece of the second-year work plan was model development and replication/expansion in 25 strategic units nationwide. Each of the project tasks deliberately prioritized activities in support of this core task.

At the beginning of the third year of the project (October 2004), more than 25 DOTS service delivery points were in place, which included DOTS Fund grantees (20), formal DOTS in the workplace models and replicants (6), and informal DOTS in the workforce models (2). The project also initiated quality improvement and sustainability discussions with three CDC/PhilCAT-assisted DOTS clinics, as CDC-PhilCAT assistance ended in 2004.

Alongside this core effort, but no less important, are programs and activities that contribute to building or enhancing institutions that enable, promote, and sustain the practice of DOTS in the private sector. These include improving the policy environment and financing mechanism for TB treatment, strengthening the integration of the DOTS syllabus in the medical curriculum, continuing medical education programs, and communication support to various institutions.

As the Philippine TIPS project approaches its fourth and final year of implementation, the strategy is shifting towards stronger emphasis on the enhancement of the proven TB DOTS models, consolidation of best practices and lessons learned, and laying the groundwork for institutional transfer of knowledge and key project functions to in-country institutions. In addition, an important technical area has been added to the project portfolio – generating demand for DOTS services through communications and community mobilization activities.

As we prepare this quarterly report, USAID is in the process of amending the Philippine TIPS contract to extend the project into year four (October 2005 – September 2006). Once signed, the contract amendment will formalize a modified project structure and put forward a new set of deliverables aimed at achieving two strategic project goals: to strengthen and consolidate evidence-based, quality private DOTS service delivery systems that are efficient, effective, accessible, client-oriented, and sustainable; and to identify and develop local capacities, structures, and mechanisms to sustain private DOTS service delivery systems.

The current report, however, is based on the original contract deliverables and tasks, and tracks our progress vis-à-vis performance targets outlined in the year three work plan.

SECTION II

Eleventh Quarter Accomplishments

Deliverable A: Baseline data collection and performance monitoring plan

Objectives: Establish private providers' knowledge, attitudes, and practices (KAP) on TB treatment and periodically update and submit reports on the project's performance monitoring plan.

11th Quarter Targets:

- Present KAP study to Philippine TIPS staff and USAID
- Disseminate KAP study findings to key stakeholders

Major Accomplishments:

- Presented KAP study to Philippine TIPS staff and USAID
- Prepared for KAP study dissemination at the PhilCAT August 2005 convention and at the APHA meeting in November 2005

Baseline Survey of Private Physicians' KAP

During this reporting period, Philippine TIPS completed the draft report on the survey of private physicians' TB practices. This was followed by the presentations to the project staff and subsequently to USAID. Conclusions from the presentations included the positive impact of DOTS basic training, the significant increase in DOTS practice among physicians in project sites, and the probability that the cost of DOTS services in the private sector (without the cost of anti-TB drugs) could be covered by the PhilHealth outpatient benefit package of P4,000. The study will be presented to the public during the PhilCAT convention in August 2005. It will then be presented to the international audience in November 2005 at the APHA (American Public Health Association) annual meeting in New Orleans.

Performance Monitoring Plan (PMP)

The project's performance continued to be on track, with five out of six PMP targets having been met three months before the end of the base period. The remaining indicator on the practice of private physicians on DOTS in project sites is measured only twice during the life of the project and will be updated in the 15th or 16th quarterly report. Per USAID's request, we have added an additional indicator, proportion of Philippine TIPS-supported TB DOTS centers with 85 percent treatment success rate. While this indicator is not contractually required, Philippine TIPS will provide quarterly data for this indicator to be used in USAID's own PMP. The detailed PMP chart is presented in Annex A to this report.

Next Quarter Target

- Present the results of the private providers' study at the PhilCAT convention in August 2005

Deliverable B: A comprehensive packet of policies, guidelines, and regulations developed and instituted at the national and local levels to promote appropriate, complementary implementation of TB DOTS treatment by private providers.

Task 1: Enabling Environment

Objective: Implement policy reform agenda related to drug access, DOTS quality assurance, and promotion of TB patient rights.

11th Quarter Targets:

- Assess TB policy agenda through policy analysis and workshops
- Finalize the design of the Private Drug Facility (PDF)
- Assist DOLE in launching Department Order 73-05 and facilitate the signing of covenants with employer groups
- Initiate the process of forging covenants among professional diagnostic societies, such as the PCR, PAMET, PSP, and NRL for DOTS quality assurance
- Monitor Rotary Club of Makati Stop TB activities and accomplishments

Major Accomplishments:

- Conducted an assessment of TB policies including existing laws and regulations pertinent to TB control
- Conducted policy workshops that identified enhancements to TB policy agenda and examined the applicability of existing laws and regulations in support of the TB policy implementation
- Drafted the PDF and initiated design of the PDF implementation plan
- Finalized preparations for the dissemination of DOLE guidelines for TB control and prevention in the workplace (Department Order 73-05)
- Established the groundwork for covenants with employer's groups
- Initiated discussions with professional diagnostic societies, such as the PCR, PAMET, PSP, and NRL groups for DOTS quality assurance
- Prepared year four work plan

TB Policy Recommendations

During this quarter, the Philippine TIPS project began the groundwork for the advanced implementation of TB policy recommendations through the sector-wide policy framework analysis and coordination with the USAID-funded LEAD project under the TB policy cluster. These activities are designed to strengthen TB policy agenda by enabling greater focus in the application of TB control policy instruments, and by providing a sector-wide perspective so that DOTS services are provided not only to those who are presently seeking TB treatment, but also to active TB cases who have not yet been brought into the system for appropriate diagnosis and treatment.

The Philippine TIPS project has undertaken the following activities to develop the guiding framework for the TB policy recommendations:

- Conducted an assessment of TB policies and programs, and identified gaps in existing TB policy instruments
- Identified strategies and regulatory instruments that may be employed to expand DOTS coverage and intensify the TB control effort
- Conducted policy workshops and consultations with TB experts and service providers, policy makers and other stakeholders to validate identified TB control strategies.

To supplement the analysis, the project team collected data through a mini-survey of DOTS clinics and an examination of key results of previous studies on drug supply (PDF), patient referral (PDI), TB patient rights (covenants with employer groups), TB service quality assurance (covenants with providers), and TB provider networks.

Philippine TIPS initiated coordinative work between several cooperating agencies (CAs) under the umbrella of the TB policy cluster, with the LEAD project, being the principal partner. Participation by the public sector was facilitated by consultations with the DOH and local government units (LGUs). A number of agreements were reached to ensure complementarities between private- and public-directed TB control initiatives. One such agreement called for the sites selected for advanced implementation of TB control strategies to be current sites covered by the Philippine TIPS and LEAD projects, and the Health Sector Reform Agenda (HSRA). Although this approach entailed extensive coordinative work, it ensured that the TB policy recommendations would be sector-wide, and that various TB control strategies in different segments of the active TB population would be implemented under a single unifying framework.

After a series of group and individual consultations with stakeholders and policy makers, Quezon City, through its Mayor Feliciano Belmonte, volunteered to be the implementation site for advanced TB control strategy involving multi-sector participation and public-private collaboration in TB control.

One of the highlights of the first phase of policy recommendations will be the TB Policy Forum, to be held on August 16, 2005 at the Century Park Sheraton Hotel as a preconvention event of the PhilCAT convention. During this event, the proposed TB control strategies would be presented to stakeholders followed by signing of covenants. To that end, initial preparations have been undertaken with the LEAD project, the DOH, PhilHealth and PhilCAT.

Private Drug Facility (PDF)

With the completion of data collection and report preparation during the first quarter of 2005, the draft final strategy on PDF design and implementation is currently being finalized by the Philippine TIPS team. The following major policies for continuous supply of quality TB drugs are being considered:

- TB product registration to ensure that quality and packaging conform to those of the Global Development Fund (GDF)
- Pooled procurement by private DOTS centers to allow for economies of scale, volume discounts, etc.

- Use of information technology to improve inventory management, enable proper recording, storage and preparation/submission of reports on TB drug utilization in both public and private DOTS centers, and
- Revisiting of proposals for National Tuberculosis Program (NTP) multiyear performance budgeting to ensure continuity of supply and to promote efficient use of NTP resources

The PDF implementation strategy is centered on an alternative procurement, distribution and delivery mechanism to the existing DOH system which provides free GDF-supplied drugs. One of the recommendations is to use the Philippine International Trading Corporation to procure TB drugs from the GDF and to employ Botica ng Bayan as the drug delivery chain. Alternatively, the Philippine TIPS team is considering mobilization of commercial retailers of TB drugs as sources of low-price TB drugs for paying patients of private providers who subscribe to DOTS. To this end, we have considered PDI pharmacy chains, such as Mercury Drug, as potential partners. The Philippine TIPS representatives also attended the National Pharmaceutical Foundation (NPF) presentation of its HealthPlus program, where it was mentioned that the Provincial Pharmaceutical Foundation (PPF) units of the NPF sell TB drugs to provincial LGUs when disruptions to the DOH drug supply system occur.

At present, the PDF report is being finalized and the implementation plan prepared for submission to USAID during the 12th quarter. The final recommendations will be offered in the advance policy implementation sites as an option for LGUs who procure their drugs to supplement those provided by the DOH, and for patients who prefer and are able to buy TB drugs prescribed by their private physicians.

TB Patient Rights

With the signing of Department of Labor and Employment (DOLE) Department Order (DO) 73-05 on Guidelines for the Implementation of Policy and Program on TB Prevention and Control in the Workplace on March 30, 2005, the Philippine TIPS project has been working with the DOLE Occupational Safety and Health Center (OSHC) on the formal DO launch. A series of meetings were held with Drs. Gust, Cucueco and Villanueva of the OSHC from May to June 2005 resulting in the following decisions:

- DO 73-05 will be launched on July 18, 2005, at the OSHC complex in Quezon City
- Philippine TIPS will provide technical assistance and logistical support, but the actual launch will be managed and coordinated by the OSHC
- Philippine TIPS will provide logistical support to follow-up activities, such as the publication of the DO in a major daily newspaper. *Manila Bulletin* has been identified as a benefactor, and its management has expressed interest in publishing the DO free of charge on July 19, 2005.

During the next quarter, the Philippine TIPS project will continue to provide technical assistance to the OSHC in drafting an action plan that will outline concrete steps and strategies to monitor and assess compliance with the DO, and evaluate its impact on overall NTP performance.

Quality Assurance

The participation of professional societies and their sustained commitment to fight against TB through DOTS is presently reflected in the PhilCAT organizational component of the project. The launch of the DO 73-05 will be complemented by a workshop for TB DOTS-referring physicians to be held by the Philippine College of Occupational Medicine (PCOM) at the OSHC. Likewise, the president of the Philippine College of Chest Physicians has affirmed PCCP support for TB DOTS in a letter sent to its members on June 29, 2005. (Letter is attached in Annex D).

The Philippine TIPS continues to develop formal TB DOTS partnerships with the diagnostics professional societies. These include the Philippine College of Radiology (PCR), the Philippine Association of Medical Technologist (PAMET), the Philippine Society of Pathologists (PSP), and the National Reference Laboratory (NRL) group. The objective is to arrive at a consensus on diagnostic standards and procedures, quality assurance mechanisms for TB diagnosis, and the roles of various stakeholders with regard to certification and accreditation of AFB microscopy centers, TB Diagnostic Committees, and the like. Preliminary discussions were held with PCR and the NRL group toward signing a Memorandum of Agreement with Philippine TIPS that will form the basis for providing technical assistance to these societies.

Covenant with Rotary Philippines

During this quarter, the Philippine TIPS project representatives continued to participate in the meetings of the Rotary International District of Makati. Plans are ongoing with the Rotary Club of Makati Rockwell to implement a community-wide TB education effort in a high-density and high-risk *barangay* of Makati in partnership with local officials and community organizations.

Next Quarter Targets

- Design an implementation plan for the Private Sector Drug Facility (PDF)
- Continue work toward signing covenants with professional diagnostic societies
- Conduct TB policy forum and identify champions for TB policy recommendations
- Conduct DOLE DO launch
- Design implementation plan for the TB policy recommendations
- Initiate the area-wide implementation of TB policy in selected sites

Deliverable C: Best strategies identified through operations research to improve and expand TB DOTS implementation in the private sector

Task 2: Operations Research (OR)

Objective: To advance private sector DOTS model development with reliable, evidence-based information, to identify and provide solutions to key management and operational obstacles, and to enhance program effectiveness.

11th Quarter Targets:

- Continue PDI implementation in seven sites
- Revise IEC materials and training modules for PDI saturation in three sites
- Complete SPN pilot testing protocols
- Conduct SPN training

Major Accomplishments:

- Conducted PDI training on monitoring tools
- Completed revision of PDI IEC and training materials
- Conducted coordination meetings for saturation and turn-over PDI activities
- Provided technical assistance on the involvement of pharmacies in PPMD units as strategy to increase demand
- Fostered partnerships for DOTS Single Practice Network (SPN)
- Developed instruments for DOTS Single Practice Network (SPN)
- Finalized and prioritized operation research studies
- Prepared year four work plan

Pharmacy DOTS Initiative (PDI)

The Philippine TIPS project has selected three sites – Iloilo City, Cebu City, and Cavite (Bacoor, Imus, and Dasmariñas) – for PDI saturation, with remaining pharmacies¹ at these locations to be included in PDI training, implementation and monitoring. The remaining four sites – Davao City, Dagupan City, Cagayan de Oro City and Quezon City – will be turned over to local health offices and/or stakeholder organizations. In line with this plan, Philippine TIPS held coordination meetings with partners and stakeholders in the three selected sites. Preparations for the training of trainers and subsequent training of pharmacy personnel consisted of review and updates to the IEC and training materials, as well as other instruments needed for referrals and monitoring.

In sites that were not selected for saturation, the project conducted meetings and formal arrangements for PDI turnover to local partners during public ceremonies. In Cagayan de Oro City, the Center for Health Development has agreed to take on the PDI in collaboration with the Regional Coordinating Committee (RCC). The formal turnover ceremony will take place on July 23, 2005. In Davao City, PDI will be turned over to the Davao City Health Office on August 2, 2005, in Quezon City on August 9, 2005, and in Dagupan City on August 11, 2005. The project has provided technical assistance to the appropriate offices on PDI supervision and the use of IEC materials, including training manuals and manuals of operations.

¹ At least 80 percent of pharmacies in each site are targeted for PDI intervention.

Philippine TIPS has fostered partnerships between public and private pharmacy groups in each site. Namely, in Quezon City we facilitated a meeting with City Mayor Belmonte and City Health Officer Dr. Maria Paz Ugalde to discuss plans for PDI turnover. Of special note was Mayor Belmonte's agreement to issue an executive order endorsing DOTS and enjoining all pharmacies in Quezon City to abide by the "no prescription – no dispensing of TB drugs" policy, along with his commitment to push for a city ordinance in this regard.

During this quarter, the project also implemented activities to improve PDI quality based on the gaps identified during PDI evaluation conducted last quarter. These included training on monitoring tools and revision of monitoring forms and IEC and training materials.

Finally, the project provided technical assistance on pharmacy participation in the localities with TIPS-funded PPMD units, including Laoag City, Ilocos and Puerto Princesa City, Palawan.

Single Practice Providers Network (SPN) Model

The revised objectives of the SPN work is to develop and test tools and mechanisms that would allow single practice physicians to deliver DOTS to private patients in collaboration with identified support organizations, such as the pharmacies, cooperatives, HMOs, and laboratories, among others. Hence, many of the activities that have been accomplished under the SPN model during the quarter were geared towards identification of potential partners in developing and testing tools to DOTS-enable Single Practice Providers. Organizations that have been identified as possible collaborators in this network range from pharmaceutical companies (e.g. Pascual Laboratories, Novartis) to HMOs, to school clinics and cooperatives.

In collaboration with these partners, the project team configured DOTS delivery processes that could be implemented in the operational contexts of the partners. We completed two tools: a DOTS Self-Instructional Module and the SPN Manual of Operations. Both documents are currently undergoing internal review and will be field-tested in the next few weeks.

Collaborators agreed to give feedback on the SPN tools after the field tests. This exercise will be completed by August 2005.

Based on the original SPN strategy, the DOTS Partner Network training was held on May 14, 2005 in Cebu City, organized collaboratively with the DOH Center for Health Development attended by a total of 15 private physicians and 17 representatives from local institutions (cooperatives, health NGOs, and civic organizations).

Priority OR Studies

Following the submission of OR proposals, six research proponents delivered brief presentations of their proposals and answered questions and comments from the project team. The final proposals were presented to the project and ranked in order of priority, given the current budget constraints. Below are the results of the ranking:

Proposal Title	Rank**
"Quality of Care in Public-Private Mix DOTS Models" (College of Public Health, University of the Philippines Manila)	2
"Enhancing PPMD Units through the Adoption of DOTS in HMOs" (Lung Study Group)*	-
"Quality Control of Sputum Smear Exam in all PPMD Units" (Philippine Tuberculosis Society, Inc.)	5
"Increasing Private Physicians Referrals to PPMD Units through Social Marketing" (Institute of Public Health Management)	1
"Enhancing Family-Based DOTS to Improve Treatment Adherence" (Family Medicine Research Group Inc.)	4
"The TB Diagnostic Committee: A Mechanism to Improve the quality of TB Diagnosis in the Philippines" (University of the Philippine Population Institute – Demographic Research and Development Foundation, Inc.)	3

* excluded from the ranking

** 1= highest priority, 5= lowest priority

The two research institutions whose proposals ranked the highest (IPHM & CPH) were given the opportunity to revise and resubmit their budgets given the project's financial constraints. Further meetings still need to be arranged to decide which studies can be financed and at what point they will be expected to commence.

Next Quarter Targets

- Continue partnership building and coordination meetings for PDI saturation and turnover
- Print and distribute revised PDI training and IEC materials
- Train PDI master trainers
- Conduct general orientation for pharmacies and stakeholders
- Conduct signing ceremonies for PDI saturation sites
- Conduct Training of Trainers for selected national pharmacy chains
- Finalize SPN DOTS Self-Instructional Modules
- Finalize SPN Manual of Operations
- Prepare final report on SPN design and instruments

Deliverable D: Private sector TB DOTS service models implemented in specific areas to demonstrate potential for replication

Task 3: DOTS Model Development

Objective: To develop and implement enhancement plans to improve quality of DOTS services and to demonstrate potential for replication

11th Quarter Targets:

- Distribute *Framework for Replicating Private-Public Mix DOTS Clinics* to PPMD grantees

Major Accomplishments:

- Distributed *Framework for Replicating Private-Public Mix DOTS Clinics* to PPMD grantees

Framework for Replicating Private-Public Mix DOTS Clinics

The *Framework for Replicating Private-Public Mix DOTS Clinics* was among the products placed on display during the Consultative Workshop on DOTS Continuity Program in medical schools held in Tagaytay on June 16-17, 2005. This has been made available for internal use among the DOTS clinics supported by the project, and will comprise the first volume of a compendium of best practices to be compiled by Philippine TIPS. Users of the manuscript were requested to provide feedback for consideration in the revision of the draft. This particular manual will be supplemented by another volume focusing on business planning and financial management.

Next Quarter Targets

- Obtain feedback on the *Framework for Replicating Private-Public Mix DOTS Clinics*
- Refine the *Framework for Replicating Private-Public Mix DOTS Clinics* based on feedback from PPMD units and prepare for printing limited copies

Deliverable E. Best TB DOTS approaches/service models implemented in at least 25 units located in strategic cities/large municipalities nationwide

Task 4: DOTS Model Replication

Objective: To implement through a grant program the replication of at least 20 DOTS units in strategic sites nationwide

11th Quarter Targets:

- Continue technical assistance and financial support to the 20 DOTS clinics
- Collect and review end-of-year reports from the grantees
- Prepare technical assistance plans and consider financial assistance options for year four, including developing performance indicators on quality, accessibility, patient satisfaction and sustainability
- Assist in the preparation of the workplace year four work plan
- Provide technical assistance in the implementation of the workplace model
- Attend to meetings of respective Regional Coordinating Committees (RCCs)

Major Accomplishments:

- Attained a success rate of 86% for all cases enrolled - 88 % success rate among new smear (-) cases and 85% among all smear (+) cases.
- Cumulative total of 704 DOTS certified physicians were trained and 573 physicians actually referring to the DOTS clinics
- All twenty (20) DOTS clinics were DOH-PhilCAT certified with ten (10) units already accredited by PHIC.
- Developed year four performance indicators for the grantees
- Finalized financial assistance options for the grantees for year four
- Coordinated operation of the DOTS clinics through RCCs
- Finalized and distributed *Framework for Replicating Private-Public Mix DOTS Clinics*
- Completed end-of-grant reporting matrix
- Prepared year four work plan

Operation of 20 PPMD Units

Philippine TIPS continued to implement and monitor grants to 20 PPMD units, with grantees regularly submitting NTB reports to their local Center for Health Development. During this quarter, six remaining PPMDs received DOH/PhilCAT's certification with no more applications pending. Three more PPMD units were accredited by PhilHealth during this time, bringing the total to 10 out of 20. The remaining units are currently processing their requirements for PhilHealth accreditation. Please refer to Annex C for detailed PPMD accreditation and certification status. Below we provide the summary of PPMD performance vis-à-vis grant targets. Please refer to Annex B for the computation of the latest treatment success rate.

- A cumulative total of 4,374 TB suspects have been seen in the 20 PPMD units since the start of operations – an increase of 43 percent from the previous quarter. Of these, 62 percent (a 42 percent

increase) were referred by doctors, with 79 percent referred by certified DOTS referring physicians. A fourth was walk-in cases. Other sources of referrals included PDI pharmacies (a 43 percent increase from last quarter), current or ex-patients (a 53 percent increase), treatment partners, community leaders, community health workers/volunteers, missionaries, city jail, schools, NGOs, and inter-PPMD referral.

- The overall 3-sputum collection rate was 93 percent. Three-quarters of the PPMD units reached at least 90 percent, and the overall positivity rate was 24 percent. Thirty-one percent (up 55 percent from last quarter) have been enrolled in the DOTS program. Of these, 55 percent were new smear-positive cases, 31 percent new smear-negative cases, 8 percent retreatment smear-positive cases, 4 percent retreatment smear-negative cases, and 2 percent extra-pulmonary TB cases. Most sites have more smear positive cases than smear negative cases enrolled, except in four sites, at an average ratio of 1.75:1. An overall case notification rate of 25.41 per 100,000 population was noted among the combined target population within the grantees' catchment areas, while case detection rate was computed at 17.53 percent.
- With each of the 20 PPMD units having access to their own TB Diagnostic Committee, smear negative cases which are commonly encountered by private practitioners were provided the opportunity to be treated under the DOTS program. A cumulative total of 949 cases were submitted for review – up by 104 percent from the previous quarter. Of these, 51 percent were approved for treatment.
- Average sputum-conversion rates of 93 percent \pm 8 and 8 percent \pm 15 have been noted among new smear-positive and overall smear-positive cases, respectively. Of the 355 new smear-positive cases with available treatment outcome, 79 percent (280) were cured and 9 percent (31) completed – giving an initial success rate of 88 percent among such cases; while 3 percent (11) died during treatment, 2 percent (7) failed treatment, 3 percent (9) defaulted and 5 percent (17) were transferred out to other DOTS units. Among all smear-positive cases (390) that finished their treatment, 73 percent (285) were cured and 12 percent (48) completed – giving an initial overall success rate of 85 percent among all smear-positive cases; while 4 percent (14) died during treatment, 3 percent (11) failed treatment, 3 percent (12) defaulted and 5 percent (20) were transferred out. After analysis of all 524 cases that finished treatment, regardless of smear status and including extra-pulmonary TB, the over-all success rate is 86 percent.
- Overall, the combined enrollment of the 20 sites is already at 132 percent of the combined annual targets, with 14 sites (70 percent) having exceeded or at least attained their targets.
- A cumulative total of 704 DOTS-certified physicians were trained. Of the 573 physicians referring to the PPMD units, 83 percent were DOTS-certified. This observation reiterated the success of the Basic DOTS Training for Referring Physicians in terms of generating awareness among private practitioners and linking them to the PPMD units.

As the first round of grants is coming to an end, the clinics prepared detailed work plans identifying activities and continued provision of services during the three-month transition period prior to the second round (October 2005). Similar work plans were facilitated for the implementation of the DOTS in the Workplace models and the clinics previously assisted by CDC/PhilCAT (see below).

With the continued operation of DOTS clinics, proper coordination and facilitation was maintained through the Regional Coordinating Committee (RCC) on PPMD. The project continued to support RCC activities in monitoring, quality assurance, certification and accreditation of DOTS units.

Financial Assistance to Two Clinics Previously Funded by CDC/PhilCAT

Starting June 2005, the two DOTS clinics previously supported by CDC/PhilCAT – Manila Doctors Hospital and PhilamCare DOTS – were transferred to the Philippine TIPS project. Having been in operation for three years and having reached a certain level of organizational stability, the clinics are now looking towards achieving financial sustainability. During this quarter, Philippine TIPS provided technical assistance to the clinics in the development of four-month plans to help them reach that goal.

For Manila Doctors Hospital, academic detailing strategies for doctors were determined to be the main element of the plan. By the end of the grant period, Manila Doctors Hospital will develop, test and implement academic detailing strategies to encourage doctors to refer to the DOTS clinic for TB services. With this tool developed and implemented, the number of patients will be increased and will contribute to the clinic's cost recovery schemes. For PhilamCare, the project will develop and test self-instructional training materials for DOTS personnel. With this material, an in-house training program can be developed and will reduce the effect of turnover. This self-instructional material can also be used by the other DOTS clinics supported by the project.

Preparation for the Second Round of Grants

During this quarter, the Philippine TIPS team developed the strategy for continuous technical and financial assistance to the PPMD units in the final year of project implementation. It was decided to expand the scope of our technical assistance to provide a wider coverage of interventions aside from routine monitoring. The team prepared detailed work plans for each clinic that will serve as templates of operation for the extension year. The work plan assumes a 50 percent reduction of the original grant amount and a corresponding reduction in the operational costs of the unit.

The project conceptualized new performance indicators addressing quality, accessibility, patient satisfaction and sustainability of DOTS services. For the second round of grants, the team will use the existing data to establish measurable indicators, but the evaluation system will reflect an improved and efficient delivery of DOTS services that will continue beyond the life of the project. The outputs of the Business Planning and Financial Management initiative have provided the framework for the sound business agenda and financial protocols extending into year four.

DOTS in the Workforce Models (four formal workplace models and two informal workforce models)

During this quarter, the Philippine TIPS consortium member Philippine Business for Social Progress (PBSP) completed its final deliverable – documentary videos of companies implementing DOTS in the

workplace/workforce, replication guidelines for DOTS in the workplace/workforce, and maintenance activities for future DOTS in the workforce initiatives in Mindanao and Manila.

The project also considered its plans to expand DOTS in the workforce/workplace, which has gained more importance with the launch of the Department of Labor and Employment's DOTS in the Workplace DO. Philippine TIPS developed the work plan for DOTS in the workplace/workforce replication in seven additional sites nationwide, and negotiated a subcontract with PBSP for its implementation. Upon USAID's approval of the Source Origin Waiver, PBSP will be subcontracted to implement the replication phase in close coordination with PhilCAT's and professional societies, particularly the Philippine College of Occupational Medicine.

Next Quarter Targets

- Select sites and begin activities for replication of DOTS in the workplace/workforce models
- Implement technical assistance plans of the PPMD grantees and DOTS in the Workplace models
- Implement bridge financing to the PPMD grantees
- Prepare for the second round of grants:
 - revise overall strategy and update the RFA, grants manual, grants handbook, and grant agreement templates
 - conduct pre-award workshop
 - conduct selection process
 - award second round of grants

Deliverable F: Teaching and training of TB DOTS conducted in medical professional schools and behavior change campaigns implemented to improve the health-treatment behavior of private providers

Task 5A: Training

Objective: To promote DOTS in pre- and in-service training of private physicians and other providers.

11th Quarter Targets:

- Monitor MTBEA2 grantees
- Design DOTS continuity program
- Sign MOA/covenants with APMC and PCR
- Develop DOTS core curriculum for allied health professional schools
- Generate commitment and MOU with allied health school associations
- Oversee implementation of TB DOTS under MTBEAs
- Conduct DOTS Continuity Workshop for medical schools
- Develop enhanced version of Basic DOTS for Referring Physicians training
- Conduct training for the six professional societies

Major Accomplishments:

- Crafted the DOTS Continuity Framework that was approved by the APMC deans
- Signed MOA with APMC
- Conducted an MTBEA Students IEC Fair and focus group discussions
- Drafted and presented to the experts panel core modules for the allied health professional schools
- Developed, tested the enhanced Basic DOTS for Referring Physicians training
- Provided technical support for training of six professional societies
- Monitored the implementation of the MTBEA2 grant activities
- Initiated talks for training with PCR on standardization of radiographic terms for TB and on signing of covenant early next year in ASEAN conference in Manila

Memorandum of Agreement (MOA) with Association of Philippine Medical Colleges (APMC)

As the third year of project implementation ends, the project is shifting its strategy towards institutionalizing and sustaining DOTS program in the medical education. As the vanguard of excellence and the forum for analyzing issues and formulating policy recommendations in the area of in medical education, APMC is seen as the institution that can best sustain and ensure the continuity of DOTS. This prompted the project to secure an MOA with APMC.

Through a series of consultative meetings with APMC and various medical deans, the MOA between Philippine TIPS and APMC was presented and approved by the Board of Trustees of APMC and was eventually signed on June 18, 2005 in Tagaytay City. The MOA signing was witnessed by the deans of

APMC member schools, Department of Health, World Health Organization, Philippine Coalition Against Tuberculosis, and the United States Agency for International Development.

Under the terms of the MOA, APMC will implement the DOTS Continuity Program as a mechanism to sustain the Master TB Educator Award (MTBEA) grantees, support the non-MTBEA schools in integrating DOTS, and link medical education with health care services in DOTS through establishment of certified PPMD centers. APMC will also coordinate with the Board of Medicine to incorporate DOTS in the medical board exams. Philippine TIPS will provide technical assistance in the transition of MTBEA monitoring and implementation to APMC, and in the implementation of the DOTS Continuity Program in medical education. The project will also provide assistance to APMC in the development of teaching-learning materials and, as needed, in delivering the training.

APMC DOTS Continuity Framework

During the discussions and finalization of the MOA, Philippine TIPS and APMC agreed to design a DOTS Continuity Framework to concretize the sustainability mechanism for DOTS initiatives in the medical schools.

During this quarter, the project designed a technical assistance package and sustainability mechanism for the DOTS program. At a meeting held May 17-21, 2005 MTBEA awardees provided input for the program based on their experiences and best practices in integrating DOTS core curriculum in their schools. The resulting framework was based on the assumption that medical schools are in a position to influence the knowledge, skills, practice and attitudes of various stakeholders in the academic community as well as the school's service areas. The framework focuses on three major components: full integration of DOTS in all medical schools, establishment of DOTS clinic in all teaching hospitals and conduct of continuing medical education for physicians in the locale.

The initial framework was presented to the deans and selected faculty members of medical schools during the validation workshop held June 16-18, 2005. While concerns related to the resources required for program implementation were raised, the framework was generally accepted by the workshop participants. Participating medical schools formed seven consortium arrangements based on geographic location, sociocultural factors and past and present associations with each other. They designated temporary chairpersons and developed general action plans.

Master TB Educator Award (MTBEA)

One quarter after the mid-year mentoring sessions to all MTBEA2 (second round) awardees, each grantee was closely monitored by the project to ensure that the enhancements and recommendations of the Philippine TIPS technical team were being implemented.

With the increasing gains of each MTBEA, the project determined that it was important for the MTBEAs to showcase their innovative strategies in integrating DOTS in the curriculum, and share their experiences to non-MTBEA medical schools. Thus, the project organized a Students IEC Fair, held June 16-17, 2005, which involved roundtable discussions, exhibits, and a contest named "Search for Outstanding TB Education Materials". Ten medical schools participated in the contest and a total of 19 entries in various categories competed. Awards were given to Angeles University Foundation (promotional category), Cebu Institute of Medicine (print), Xavier University (electronic) and De La Salle University College of

Medicine (audio-visual). A special Dr. Lee Reichman Special Merit Award went to Western Visayas University College of Medicine.

Meanwhile, towards the end of the grant period (June 2005), a three-month no-cost extension was given to all MTBEA2 grantees in order for each medical school to utilize their remaining funds towards the three major components of the DOTS Continuity Framework, i.e. laying the groundwork for the consortium arrangements, setting up of DOTS centers, continuing medical education of faculty and key physicians, and implementing key strategies for further enhancement of their programs based on monitoring feedbacks from Philippine TIPS.

DOTS Syllabus Integration in the Allied Health Schools

With the strong progress in the DOTS integration in the medical schools, there is a need to extend DOTS and DOTS-related pre-service training to the allied health professional schools such as nursing, medical technology, and pharmacy schools. By expanding DOTS integration beyond the medical schools, the project can improve and build on other capacities, i.e. future nurses can be trained to help as DOTS managers, medical technologists can be trained as microscopists, and pharmacists can understand health seeking behavior of TB patients.

During this reporting period, Philippine TIPS engaged a team of experts from the three allied health professions to conduct a rapid appraisal of the current curriculum to determine how TB DOTS can be integrated, and to identify areas where TB DOTS can be further strengthened and what competencies must be developed among the allied health professionals. Through needs assessment surveys, focus group discussions, desk reviews of existing curricula and site visits to model DOTS centers, the project concluded that the biomedical and clinical aspects of TB are being taught in the allied health disciplines using various teaching strategies, and TB is threaded through the curriculum in various year levels, but only basic concepts are taught. The study also showed a general lack of knowledge and awareness on DOTS.

Following the needs assessment, each allied health profession conducted a series of curricular design workshops involving the deans and key faculty members of the member-colleges of the Philippines Association of Schools of Medical Technologists (PASMETH), Philippine Association of Colleges of Pharmacy (PACOP), and Association of Deans of Philippines Colleges of Nursing (ADPCN). The workshops were held to revise the modules, identify the courses where DOTS can be integrated and develop instructional designs, teaching-learning resources and training materials for the allied health professional schools and colleges.

DOTS Engaged Training Module

During this quarter, Philippine TIPS developed the DOTS Engaged Training Module which aims at improving the Basic DOTS Workshop for Referring Physicians focusing on the evidence behind the DOTS strategy, current local situation, overview of the concept of PPMD, and a call to private practitioners for areas of possible involvement. The DOTS Engaged Training Module includes updated lectures on NTP, PhilHealth TB package, PhilCAT and local coalitions, and rational approach to smear negative patients. Speakers and facilitators from PhilCAT, DOH, PHIC, PCCP and PSMID were tapped for this initiative.

The one-day Module was tested with at least 40 attendees of the Philippine College of Physician (PCP) convention held in May 2005, and was subsequently revised to a half-day course based on the evaluation and recommendations of these core physicians.

Covenant with Philippine College of Radiology

After a series of consultative meetings, a partnership between the Philippine College of Radiology (PCR) and Philippine TIPS was secured. In lieu of a formal memorandum of agreement, PCR has agreed to draft a Statement of Support towards the project's initiatives particularly in the area of standardization of radiographic terms in PTB. The ceremonial signing of the Statement of Support will be included in PCR's upcoming ASEAN Conference of Radiology scheduled for January 2006 in Manila.

In the meantime, PCR has agreed to conduct a trainer's training involving key personnel representing its officers, chapter representatives and members from the academe based training institutions. PCR has already formed a TB core group that will develop the training modules and two of College's past presidents (Drs. Rene Reyes and Danilo Lagamayo) will act as Senior TB Advisers to provide technical expertise to the core group.

Next Quarter Targets

- Conduct MTBEA evaluation
- Implement DOTS Continuity Framework in the medical schools
- Generate commitment and MOU with allied health school associations
- Conduct orientation/training of faculty on the DOTS modules for the allied health professionals
- Develop training module for PCR

Task 5B: Certification

Objective: Implement a certification system for DOTS services to ensure adequate and quality service provision

11th Quarter Targets:

- Conduct DOTS assessors' training
- Disseminate Certification User's Guide for DOTS Center Applicants
- Provide technical assistance to PHIC and the DOH NTP/Sentrong Sigla

Major accomplishments:

- Identified the regions that need private Certification Assessors; Upon request of DOH, deferred the training
- Prototype User's Guide was approved by DOH and PhilCAT; dissemination put on hold pending USAID clearance

DOTS Assessors' Training

During this quarter, Philippine TIPS reviewed the current list of assessors in each region and identified the gaps and needs of each region, especially from the private sector side. In response to the increasing need for private assessors in certain regions, the professional societies were asked to recommend and nominate their members to be part of the DOTS Assessors Team. The training will be conducted on August 16, 2005 during the Annual PhilCAT Convention.

Certification User's Guide for DOTS Center Applicants

The final proto-type of the *Certification User's Guide for DOTS Center Applicants*, which has been approved and adopted by the Department of Health and PhilCAT, was submitted to USAID for approval and will be printed and disseminated once clearance is secured.

Next Quarter Targets

- Conduct DOTS Assessor's training
- Disseminate *Certification User's Guide for DOTS Center Applicants*
- Provide technical assistance to PHIC and the DOH NTP/Sentrong Sigla

Task 5C: Communications

Objective: Promote DOTS strategy to private providers using behavior change communications (BCC), provide communications support to project tasks, and disseminate project's success stories and lessons learned.

11th Quarter Targets:

- Provide social marketing and communications support to PPMD units to improve referrals from MDs who see TB patients within their catchment sites
- Conduct evidence-based BCC interventions to help increase the number of DOTS-engaged MDs in project sites
- Develop disease-specific IEC materials to support patient education and providers' DOTS-promotion work
- Continue to provide communications support to project tasks and DOTS models
- Disseminate project results and lessons learned to the national and international TB community through success stories, new exchanges among partners, publications, special events, and documentation of best practices.

Major Accomplishments:

- Conceptualized academic detailing plan and developed video on private sector role in TB control
- Completed printing and distribution of CUP 2004
- Developed IEC materials to support DOTS promotion
- Assisted with the APMC Student's IEC Fair and a manifesto signing
- Participated in organizing committee of 12th Annual PhilCAT Convention
- Disseminated project results and lessons learned through the Mindanao CEO forum, IUATLD and APHA materials, success story on Palawan, regular inputs to USAID Weekly
- Provided opportunities for local journalists to write/photograph TB subjects through cooperation with Panos/Stop TB Media Fellowships

Social Marketing and Communications Support to DOTS Clinics

During this reporting period, Philippine TIPS finalized production plans for two video presentations. The first video will discuss the role of private clinics, doctors, medical schools, drugstores, business companies, NGOs, civic organizations like the Rotary, faith-based organizations, and allied health workers. It will feature interviews with DOTS private sector champions. The second video will document PPMD best practices and lessons learned. Production is scheduled for August 2005.

The project conceptualized a prototype academic detailing plan for managers of our grantees. The purpose of the detailing plan is two-fold – to promote DOTS approach to TB-treating private providers within the catchment of the clinics, and to persuade these providers to partner with DOTS clinics in the management of their TB cases. One reference for the detailing plan was a behavior-change framework developed for the Manila Doctors Hospital. The prototype academic detailing kit includes a social marketing presentation, information sheet on PhilHealth TB outpatient benefits package, DOTS treatment reference guide, and "leave-behind" TB-DOTS IEC materials.

During the quarter, the team began collecting data that will help generate profiles of project-supported DOTS clinics, which will be used for the development of communications, marketing and demand

generation strategies, as well as for monitoring and evaluation. The data includes such information as location, demographics, income, client data, and overlapping LEAD sites, among others. The team facilitated the purchase of *Countryside in Figures* (hardcopy and e-copy) from the National Statistics Office as part of the data search. We also participated in a Geographical Information System (GIS) workshop organized in June by the LEAD project to explore GIS as a potential tool for generating and utilizing TB client data.

Evidence-based BCC Interventions

To reinforce the adoption of a standardized approach to TB control by both the public and the private sector, Philippine TIPS provided financial assistance and technical expertise to revise, update, professionally design, and replicate the most recent edition of the *Comprehensive and Unified Policy for TB Control in the Philippines* (CUP 2004), a joint publication of the DOH and PhilCAT. Philippine TIPS completed the printing of 1,000 copies this quarter and, at the request of the DOH, facilitated the distribution of nearly all copies to 25 major government and private institutions engaged in TB control. The project also provided copies to its 20 DOTS clinic grantees and the 10 medical schools participating in its Master TB Educator Award program.

Philippine TIPS continued to participate as a member of the Steering Committee on Further Data Dissemination and Utilization of Results of the 2003 National Demographic and Health Survey. During the quarter, we provided inputs to a TB Policy Brief being prepared by the Committee. The 2003 National Demographic and Health Survey, a USAID-supported project of the National Statistics Office, contains vital information on the health-seeking behavior of TB symptomatics. Philippine TIPS considers this information important in developing evidence-based interventions that can either influence provider behavior or build a market for private DOTS services.

IEC Materials to Promote TB DOTS

During the quarter, the project supported the development of various TB DOTS communication materials for informed decision-making, behavior-change, capability-building, and awareness-raising among policymakers, program managers, and service providers.

Video. Philippine TIPS consortium member Philippine Business for Social Progress (PBSP) has in production three videos that capture best practices and lessons learned from its TB in the Workforce/workplace models: *A Company Referring to a DOTS Center*, *Community Volunteerism: Enabler of Success* and *Dole-Stanfilco Story: DOTS in the Workforce*.

As part of its participation in the commemoration of 2005 World TB Day held on March 23, 2005 in Makati City, Philippine TIPS produced video and photograph materials covering commemoration events, promotions and awareness-raising activities. We gave considerable value-added to the documentation through professional video/photo editing and packaging, which was completed this quarter. Copies of the World TB Day video and photo documentary were distributed to key partners, including the Department of Health, Philippine Coalition Against Tuberculosis, Rotary District 3830, and World Health Organization.

At the request of Mercury Drug Corporation – a Pharmacy DOTS Initiative (PDI) partner – the project prepared a concept paper and provided various video clips for a TB point-of-sale infomercial for showing in all its branches nationwide.

Print. During the quarter, the project completed all pre-press work for a *User's Guide to the Certification of DOTS Center Applicants*. Intended for DOTS clinic management and staff, this manual contains detailed guidelines and procedures on accomplishing the DOH/PhilCAT certification self-assessment and survey form. The manual is professionally illustrated and designed, written in easy-to-read language, and designed to walk a candidate DOTS center through the self-assessment form. USAID approval for printing 1,000 copies of the manual is pending.

Also pre-press complete and awaiting USAID approval is the PBSP-developed *Managing Tuberculosis in the Workplace – A Guide for Companies Implementing DOTS TB* and its accompanying pamphlet *Managing Tuberculosis in the Workforce – A Guide for Companies Implementing DOTS for the Informal Workforce and the Community*. Professionally designed and illustrated, the manuals meet the needs of companies that are interested in initiating TB control and prevention programs, either for their employees, their surrounding communities, or both. Target users are company doctors, nurses, health staff, human resource managers, training officers, union leaders, and benefits administrators.

Electronic. Philippine TIPS provides resource support and technical assistance to the development of a PhilCAT website. The website is considered an important channel for strengthening the coalition's membership and for advocating PhilCAT's vision of a TB-free Philippines. A site map, preliminary study and initial content for the website were completed during this quarter. A prototype of the website is undergoing evaluation and testing.

Support to Project Tasks and DOTS Models

To focus attention on the critical role of medical schools in promoting DOTS, Philippine TIPS arranged a Student's IEC Fair and a manifesto signing during a June 16-17 conference of the Association of Philippine Medical Colleges (APMC) and Philippine TIPS in Tagaytay City. The project produced a wall-size "Tagaytay Manifesto" that was signed in a symbolic ceremony by representatives of APMC, USAID, World Health Organization, Department of Health, Philippine Coalition Against Tuberculosis, and Philippine TIPS. Signatories acknowledged their "common mission to actively participate in strengthening TB-DOTS education and training in order to expand the availability and raise the quality of DOTS service provision especially within the private sector." An audience of about 90 – consisting of deans, faculty members, and student groups from 22 medical colleges – witnessed the signing.

At the invitation of PhilCAT, Philippine TIPS began preparations for the 12th Annual PhilCAT convention with the Philippine Pediatric Society, to be held August 16-18, 2005. The project's main participation will be the holding of a TB policy forum and a DOTS Center Certification Assessor's Training on August 16, in cooperation with the LEAD project. PhilCAT has also requested the project to organize a convention symposium on "Communication and Advocacy for TB Control" on August 17. Philippine TIPS sees the symposium as an opportunity to define the roles of advocacy and communications in TB control and to share project experiences of utilizing the news media and other channels to effectively communicate TB DOTS messages.

Dissemination of Project Results and Lessons Learned

Thirty Mindanao business executives from 16 companies joined a day-long CEO forum on TB in the workforce organized by Philippine TIPS on April 1, 2005 in Davao City. Companies included Dole Philippines, Monark Corporation, Steniel Philippines (Mindanao), HOLCIM Philippines, and Philippine Fruits International. The Philippine TIPS Chief of Party gave a presentation on the economic and health burden of TB and on various corporate models for TB in the workforce projects. On the same day, Philippine TIPS publicly acknowledged TB-DOTS in the workforce pilot companies for their proactive implementation of TB control activities for employees and neighboring communities. These are Central Azucarera Don Pedro Inc., Toyota Motor Philippines Corporation, American Standard, and Aboitiz Transport System Corporation. The CEO Forum received good newspaper coverage in regional and national newspapers.

During the quarter, Philippine TIPS finalized abstracts of papers approved for presentation in two international conferences. These include abstracts on policy initiatives, innovative PPMD strategies, educational initiatives, and communications initiatives for a sponsored symposium on “Scaling up and sustaining effective tuberculosis, HIV and asthma prevention and control” during the 36th World Conference of the International Union Against Tuberculosis and Lung Disease (IUATLD). The conference will be held October 18-22, 2005 in Paris. In addition, five project abstracts received approval from the American Public Health Association (APHA) for either oral or poster presentation during the APHA's 133rd Annual Meeting, to be held November 5-9 in New Orleans. The abstracts are on the Burden of Disease study, news media and TB, pharmacy DOTS, private provider study, and the single-practice network framework.

Philippine TIPS continued to disseminate information about the project to project stakeholders. During the quarter, we produced a second success story on project experiences, using USAID's guidelines on explaining how U.S. development assistance works and the impact it has on people's lives. The success story is attached as Annex E to this report.

During this quarter, Philippine TIPS provided regular contributions to *USAID Weekly*, which is circulated globally by USAID Washington. USAID/Manila accepted for submission the following write-ups: *CEO Forum in Davao City Focuses on TB-DOTS in the Workforce*, *TB in the workplace guidelines approved*, and *USAID-supported Private Clinics Serve TB Patients*, which caught the attention of USAID Administrator Andrew Natsios.

To encourage news coverage about TB, Philippine TIPS used its network of contacts in the news media to interest Filipino journalists to apply for the Panos/Stop TB Media Fellowships. A joint project of the Panos Global AIDS Programme and the Stop TB Partnership, the fellowship will provide grants to local reporters and photo journalists from India, Bangladesh, Indonesia, Pakistan, Philippines, Zambia, Ethiopia, Malawi and Haiti to write or photograph issues around TB, and TB and HIV/AIDS. Two fellowship slots were earmarked for the Philippines. Several local journalists contacted by Philippine TIPS have applied for the fellowship.

Next Quarter Targets

- Provide social marketing and communications support to PPMD units to improve referrals from MDs who see TB patients within their catchment sites
- Conduct evidence-based BCC interventions to help increase the number of DOTS-engaged MDs

- Develop IEC materials to support patient education and providers' DOTS-promotion work
- Continue to provide communications support to project tasks and DOTS models
- Disseminate project results and lessons learned to the national and international TB community through success stories, new exchanges among partners, publications, special events, and documentation of best practices

Deliverable G: Appropriate guidelines and regulations are developed to promote necessary reimbursement programs among private health groups

Task 6: Financing

Objective: To develop a financing mechanism that gives incentives to those who provide direct DOTS services and to those who invest in developing and improving the quality of DOTS services.

11th Quarter Targets:

- Finalize business planning and financial management (BPFM) guidelines and monitoring instruments
- Provide BPFM mentoring and post-training monitoring to DOTS clinics
- Assess sustainability of DOTS Clinics
- Initiate the development of a financing framework to support the TB Policy Recommendations
- Provide technical assistance to PHIC to enhance the effectiveness of the TB outpatient benefit package

Major accomplishments:

- Finalized BPFM business planning guidelines and financial planning instruments
- Conducted BPFM mentoring and monitoring in 14 sites
- Completed financial sustainability assessment of the DOTS clinics
- Provided technical support to USAID consultant Dr. Peter Connell who worked on the assessment of DOTS clinics sustainability in preparation for the second round of grants
- Commenced the development of a sector-wide TB financing framework.
- Initiated provision of technical assistance to PhilHealth on improving TB outpatient benefits package utilization and fast-tracking accreditation of DOTS clinics

Business Planning and Financial Management (BPFM) of DOTS Clinics

During this reporting period, Philippine TIPS finalized the business planning and financial management checklists for post-training monitoring visits of the DOTS clinics. The initial BPFM mentoring was conducted in Puerto Princessa City on April 9-12, 2005. Subsequent activities were conducted in Dagupan, Roxas City, Iloilo, Davao, Tacloban, Tondo, Cabanatuan, Angeles, Cebu City, and Zamboanga City. Not all DOTS clinics were covered during this quarter so mentoring and monitoring of the remaining clinics will continue into the 12th quarter of the project.

During the first two weeks of May 2005, Philippine TIPS reviewed the draft BPFM report covering observations for the second round of grants, recommended checklists, financial planning templates and workbooks. The report also includes an Excel template for PPMD financial planning exercise with “how to” instructions for users who determine pricing of services, targeting of service volume, or cost-cutting measures, among others. Together with the final report submitted by Dr. Connell, the project team will

prepare a simplified Guidebook on Business Planning and Financial Management for PPMDs. The guidebook will be disseminated to the PPMDs, and full text of the BPFM report will be available as reference material.

TB Financing Framework

During this reporting period, the project team incorporated USAID's suggestions into the scope of work for the development of TB financing framework. As a result of these revisions, the financial framework will be directly linked to the work being accomplished under the policy component of the project. The revisions also ensured that the output of Dr. Connell's assignment on sustainability of DOTS clinics would serve as one of the inputs into the framework.

Under the TB financing framework, the project will examine current sources of financing and strategic options that could be pursued either by the Government or by the private sector. We will complement the analysis that was done for the TB policy framework and will look into financing strategies to support the implementation of recommended policy instruments.

Technical Assistance to PhilHealth

During this reporting period, Philippine TIPS continued the dialogue with the PhilHealth Quality Assurance Research and Policy Division (QARPD) Group. The project is preparing a set of technical assistance on improving the utilization of TB outpatient benefits package and enhancing the benefit reimbursements.

To improve the utilization of PhilHealth TB outpatient benefits package, we plan to gear our technical assistance towards fast-tracking the certification and accreditation of DOTS clinics, expanding of PhilHealth membership, particularly among the target clients of DOTS clinics, and identifying strategies so that PhilHealth beneficiaries become more cognizant and demand coverage of DOTS treatment.

Project Management

During this quarter, the Philippine TIPS project has conducted a series of work planning sessions, as a result of which a new project framework, strategic goals, and a detailed work plan for the final year of implementation have emerged. The sessions were attended by representatives of USAID, PhilCAT, PBSP, NTBC and Chemonics home office. During the meetings, the team examined lessons learned from previous years, input from project partners and beneficiaries, recommendations of the USAID external evaluation team conducted in March 2005, and their own vision and aspirations for the future of private sector participation in TB control.

We recognized the importance of streamlining our priorities, maximizing the impact of project initiatives across all tasks, and focusing our limited resources on the enhancement of proven strategies and models and laying the groundwork for institutional transfer of knowledge to indigenous organizations. As a result of these dynamic discussions, the team articulated its strategic goals for the coming year, as well as the revised project framework that consolidated inter-related tasks and formalized linkages between project components. Detailed work plans for each task were then prepared addressing a set of new deliverables and performance targets for the extension year. The work plan was submitted to USAID on June 3, 2005 and was approved on June 20, 2005.

An important technical component, demand generation, has been added to the project portfolio for year four. During this quarter, we have conducted an extensive recruitment effort to fill the position of the Demand General Specialist. The main challenge of this position will be to quickly become familiar with the history of the project, especially vis-à-vis its extensive promotional efforts to date, and to design and implement a results-driven demand generation strategy addressing both communications and community mobilization. Our proposed candidate, Mr. Epifanio Paragas, was submitted to USAID on June 29, 2005, and was promptly approved and hired.

PhilCAT Organizational Development

PhilCAT has requested an extension of the Philippine TIPS organizational development assistance to August 2005, the date of its annual convention. It is expected that at this convention, the changes instituted by the two-year Organizational Development process will be approved by PhilCAT's membership through the approval of a redrafted constitution. The reorganized (and regular) committees of the coalition began work during the quarter.

Most active was the local coalition committee which was given increased support by the project through a consultant hired to support the development of guidelines and the actualization of the coalition process in one or two areas. This work was strongly supported by the PhilCAT chair, who herself had started a local coalition in her own province. With direct support from Philippine TIPS, PhilCAT continued implementation of DOTS-related plans of six professional societies. It is expected that major outputs of this initiative – the updated clinic practice guidelines for adult TB and the launch of the CPG for pediatric TB – will be presented at the August convention.

SECTION III

Status toward Achieving Sustainability of Efforts

The realization that there would be multiple partner organizations that could potentially continue different areas of the Philippine TIPS initiatives was strengthened during the past quarter. As part of our strategy and work planning discussions, the team considered various options for ensuring sustainability of project efforts.

PhilCAT has always been envisioned as an important inheritor of the project's work, especially in the areas of training and certification. By the same token, APMC and the various allied health training institutions have emerged as a committed group working not only on prelicensure training (MTBEA), but also as potential centers for continuing professional education.

The professional societies are also developing their own areas of concern: family-based DOTS for family-medicine, DOTS in the workplace for PCOM and hospital-based DOTS for the infectious disease specialists. On the public side, there has been increased cooperation in the areas of TB policy and service delivery, not only at the national but also at the local level. Our recommendations on policy and financing framework are gradually being accepted by the DOH, while local governments are taking on the work of PDI and support to DOTS clinics.

During the final (extension) year of the Philippine TIPS project, we should see increased private business participation through organizations such as ECOP, PCCI and PBSP, and the development of covenants with private sector providers of diagnostic services.

SECTION IV

Outstanding Issues and Measures Taken or Options to Address the Issues

- Given the reduction of funding in year four as compared to the originally anticipated amount, the team has had to readjust its goals and strategies for implementation of a number of project activities. For example, such important initiatives as the SPN, PDI saturation in all seven sites, and PPMD expansion nationwide, have had to be scaled down and in some cases discontinued as of the end of the base contract period. Similarly, a number of operation research studies that were anticipated for years three and four were either downgraded to smaller surveys or cancelled. The team was able to handle the changing demands of the project by effectively managing the relationships with our partners and renegotiating previous commitments without compromising the quality of our outputs and our reputation.
- Given the priorities for year four, the project has scaled down some of its activities under the Policy and Finance tasks and examined other external sources of funding for some critically important activities. In lieu of developing action plans for the DOLE DO 73-05 and covenants with providers, we will provide targeted technical assistance to concerned parties in developing these plans. The project is also coordinating with the LEAD project to combine activities, such as advance implementation of the TB policy recommendations in sites that are common to both projects. Philippine TIPS is taking the lead and providing technical support for the development of TB policy recommendations and work planning for the implementation sites. The LEAD project is co-sharing expenses for a sizeable number of these activities.
- The change in strategy for the Pharmacy DOTS Initiative has affected the scope of monitoring activities but is being managed through a serious prioritization of key activities. The implementation of the PDI in the saturation sites will be largely determined by the readiness and commitment of the organizations that will institutionalize PDI activities. More effort will be exerted in the next quarter towards ensuring commitment of organizations (LGUs, CHD, DSAP, and PPhA) to continue the PDI.
- As part of the work planning exercise, the team has also examined its financial performance to date and prepared a detailed budget for year four in accordance with the new three-CLIN structure. A number of costs that are being incurred by the project in the last two quarters of year three were not originally envisioned in the base contract budget. Such costs include bridge financing for the 20 grantees, workplace/workforce replication activities, continuous support to professional societies and MTBEAs, and external technical assistance necessary for the continuation of project initiatives into year four. In addition, the base contract budget envisioned gradual downscaling of personnel and operational costs towards closeout. Given these factors, the project is facing a potential shortage of funds as it approaches the final months of the original contract period. We anticipate receiving the new obligation from USAID prior to September 2005, which would allow us to continue the flow of activities without experiencing severe budget constraints.

SECTION V

Financial Summary

Omitted for submission to DEC. Available upon request.

ANNEXES

ANNEX A – PERFORMANCE MONITORING PLAN

Indicator/Definition	Baseline Value	Actual Value End of 11 th Quarter	Target Value
1. TB treatment success rate	n/a	86%	85%
2. Number of certified DOTS engaged medical doctors	0	<ul style="list-style-type: none"> 1100 total certified DOTS MDs (including TIPS, TBDC and PhilCAT) 704 certified MDs in TIPS sites of which 475 are referring MDs 	600
3. Number of certified private DOTS programs/clinics/centers	0	<ul style="list-style-type: none"> 41 PhilCAT-certified <u>private</u> PPMD units out of 153 total nationwide 23* PhilCAT-certified PPMDs directly supported by the project, of which 13 are PHIC-accredited (*includes 20 original TIPS grantees and 3 units previously supported by CDC/PhilCAT) 	31
4. Practice of private physicians on DOTS in 25 sites (measured twice during life of project)	n/a	20%-25%	50%
5. Number of organizations with covenants to provide quality DOTS services and TB patient rights expanded	0	15 covenants: <ul style="list-style-type: none"> 6 societies 2 pharmacy chains 2 pharmacies PhilHealth 2 companies 2 Rotary districts 	13
6. Access of private sector to TB health services financing and affordable and quality TB drugs	0	24 private clinics have access to medicines: <ul style="list-style-type: none"> 20 TIPS grantees 4 workplace clinics PhilHealth TA partially accomplished 	Coordination of improved benefits piloted (PhilHealth package and PDF)
7. Proportion of Philippine TIPS-supported TB DOTS centers with 85% treatment success rate	n/a	60%	n/a

Indicator #7 is not part of the Philippine TIPS contract Performance Monitoring Plan

ANNEX B – PPMD PERFORMANCE

Case Holding and Treatment Outcome (*Linked to PMP Indicator #1: Success Rate**)

Region	City	Site	Catchment Population	New Smear (+) Treatment Outcome					Re-treatment (+) Outcome					Smear (-) Outcome		EP Outcome		Overall	
				# pxs (finished 6-9 mos)	cured	completed	Cure Rate	success rate	# pxs (finished 6-9 mos)	cured	completed	Cure Rate	success rate	# pxs (finished 6-9 mos)	completed	# pxs (finished 6-9 mos)	completed	Total # pxs (finished 6-9 mos)	Overall success rate
I	Laoag	DAARCH	39,437	8	5	3	63%	100%	0	0	0			1	1	2	2	11	100%
I	Dagupan	VVMF	307,211	19	19	0	100%	100%	6	0	0			6	6	0	0	31	81%
III	Angeles	AUFMC	464,000	14	2	12	14%	100%	19	4	15	21%	100%	12	12	1	0	46	98%
III	Cabanatuan	PGHNEI	98,269	7	6	0	86%	86%	8	3	3	38%	75%	6	6	0	0	21	86%
NCR	Quezon	PTSI QI	123,054	45	40	0	89%	89%	2	1	0	50%	50%	14	13	0	0	61	89%
NCR	Manila	PRFPI-UST	298,294	9	8	0	89%	89%	5	4	0	80%	80%	0	0	4	3	18	83%
NCR	Manila	Canossa H&SC	63,400	20	17	0	85%	85%	0	0	0			13	13	1	1	34	91%
IVA	Cavite	St. Dominic MC	124,432	21	16	3	76%	90%	0	0	0			7	7	0	0	28	93%
IVA	Batangas	KALTB-SAMBADI	123,348	14	12	0	86%	86%	0	0	0			20	11	0	0	34	68%
IVB	Puerto Princesa	Agape Rural Program	45,887	14	12	0	86%	86%	4	2	0	50%	50%	12	11	0	0	30	83%
V	Naga	SSDI	147,652	9	6	0	67%	67%	1	1	0	100%	100%	0	0	0	0	10	70%
VI	Iloilo	CICAT DOTS	151,324	19	12	5	63%	89%	0	0	0			0	0	0	0	19	89%
VI	Roxas	St. Anthony Hospital	130,181	12	8	3	67%	92%	0	0	0			5	4	0	0	17	88%
VII	Cebu	Cebu TB Pavillion	101,141	23	20	0	87%	87%	10	10	0	100%	100%	5	4	4	4	42	90%
VIII	Tacloban	Care Meds	102,966	4	4	0	100%	100%	1	0	0			5	1	0	0	10	50%
VIII	Tacloban	RTRMF	36,712	3	3	0	100%	100%	2	0	0			10	8	0	0	15	73%
IX	Zamboanga	ZCMS PPMD	88,000	28	23	0	82%	82%	0	0	0			3	3	1	1	32	84%
XI	Davao	PATHS	256,236	37	32	0	86%	86%	0	0	0			3	3	1	1	41	88%
XI	Davao	HMRGFI	150,000	22	19	0	86%	86%	3	2	0	67%	67%	12	12	0	0	37	89%
XII	Cotabato	CDC TB DOTS CTR	100,000	10	6	0	60%	60%	0	0	0			1	1	0	0	11	64%
TOTAL			2,951,544	338	270	26	80%	88%	61	27	18	44%	74%	135	116	14	12	548	86%

***Success rate is calculated by adding cure rate (sputum positives) to treatment completion rate (sputum negatives), divided by the total number of patients enrolled in the program.**

ANNEX C – PPMD CERTIFICATION AND ACCREDITATION STATUS

Region	Grantee	City	RCC Assessed	PhilCAT Certified	PHIC Accredited
I	Dr. Antonio A. Ranada Clinic and Hospital Dr. Vivencio Villaflor Sr. Medical Foundation	Laoag City	Yes	Yes	No
		Dagupan City	Yes	Yes	Yes
III	Angeles University Foundation Medical Center Premiere General Hospital of Nueva Ecija, Inc.	Angeles City	Yes	Yes	No
		Cabanatuan City	Yes	Yes	Yes
NCR	Pulmonary Research Foundation of the Philippines, Inc/UST Canossa Health and Social Center Philippine Tuberculosis Society, Inc.	Manila	No	Yes*	Yes*
		Manila	Yes	Yes	Yes
		Quezon City	No	Yes*	Yes*
IV-A	St. Dominic's Medical Center	Bacoor	Yes	Yes	No
IV-B	Samahan ng Batanguenong Diabetiko, Inc. Agape Rural Program	Batangas City	Yes	Yes	No
		Puerto Princesa	Yes	Yes	Yes
V	South Star Drug, Inc.	Naga City	Yes	Yes	No
VI	St. Anthony College Hospital Citizens (Iloilo) Coalition Against Tuberculosis, Inc	Roxas City	No	Yes	No
		Iloilo City	Yes	Yes	No
VII	Cebu TB Pavilion	Cebu City	Yes	Yes	No
VIII	CareMeds, Inc. Remedios Trinidad Romualdez Medical Center	Tacloban City	Yes	Yes	Yes
		Tacloban City	Yes	Yes	No
IX	Zamboanga City Medical Society	Zamboanga City	Yes	Yes	Yes
XI	Peoples Adoption to Health Systems Health Maintenance Research Group	Davao City	Yes	Yes	Yes
		Davao City	Yes	Yes	Yes
XII	Cotabato Doctors Clinic	Cotabato City	Yes	Yes	No

**Assessed and certified by PhilCAT and accredited by PHIC prior to the Philippine TIPS grant*

ANNEX D – LETTER FROM PHILIPPINE COLLEGE OF CHEST PHYSICIANS



Setting the standard of excellence
for pulmonary health among Filipinos.

Philippine College of Chest Physicians

a specialty society of the Philippine Medical Association (PMA)

AN OPEN LETTER TO ALL PCCP MEMBERS

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Dear Colleague,

Through the years, the Philippine College of Chest Physicians (PCCP) has been acknowledged as an authority on chest and lung diseases, particularly in the area of tuberculosis where many of our illustrious members have been pioneers and innovators in the management of this disease.

More recently, the PCCP, through its Council on Tuberculosis, has been actively involved in the expansion into the private sector of the National Tuberculosis Control Program (NTP) and the Directly Observed Treatment, Short-course (DOTS) strategy of the government. We are doing this in the firm belief that as chest specialists, and respected members of the medical community, it is our duty to contribute our knowledge and expertise towards the eradication of tuberculosis which has been a source of death and sickness among our countrymen for so long.

We are happy to note that many of our members in PCCP have wholeheartedly accepted the challenge brought before them and have been in the forefront in TB control activities such as policy formulation and implementation, training and certification, and operation of DOTS center throughout the country. **But at the same time, we are saddened by reports that some of our members have been openly voicing their reservations regarding, if not have been directly critical of these efforts. While we accept their right to speak, we sincerely hope that they do not serve as active barriers to the efforts of their other colleagues.**

Thus, I am using this opportunity, to assure our members currently involved in various capacities in the NTP-DOTS TB activities that the PCCP is squarely behind you and salute you for your selfless dedication to service and love of country. And at the same time, I would like to exhort those not yet involved to find the time to learn about, accept and support these current efforts to eradicate TB. The PCCP is willing to provide any assistance you might need in this respect.

Let us all join together and fight TB.

Sincerely yours,

MARILYN ONG-MATEO, MD, FPCCP
President

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ANNEX E – TIPS SUCCESS STORY

PHILIPPINE TIPS SUCCESS STORY HELPING TB PATIENTS IN PUERTO PRINCESA

Jimmy Dumagit used to be a “Pa-aling” fisherman living with his family in a small coastal community in Puerto Princesa City in Palawan. Five years ago his work led to a major stroke which left him paralyzed at a young age of 32.

Now 37, Jimmy is one of the many people being treated for Tuberculosis in the Agape Rural Program (ARP) DOTS Clinic in Puerto Princesa. He is currently receiving DOTS (Directly Observed Treatment Short-course) treatment, an internationally-recommended treatment strategy for TB.

“I had fever in the evenings and cough for more than a month,” complained Jimmy. “I was also coughing blood.”

He went to ARP DOTS Clinic for consultation at the advice of his neighbors. He underwent sputum testing and was found positive for tuberculosis.



ARP DOTS Clinic is one of the 20 DOTS grantees of the Philippine Tuberculosis Initiatives for the Private Sector (TIPS), a project supported by the U.S. Agency for International Development.

Philippine TIPS implemented the grants program to replicate Private DOTS clinics in strategic sites nationwide. These clinics make DOTS treatment more accessible to TB patients like Jimmy.

Now on his last month of treatment, Jimmy is thankful to Agape DOTS clinic for helping him get well.

“I can play with my six-year-old daughter now,” exclaimed Jimmy. “I no longer cough and my chest does not hurt anymore. I look forward for the days ahead.”

Photo credits: Photo by Philippine TIPS, 2005

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